DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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F	REG. NO					

Julia Davidson Tombre

RI RI	EGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO	0 0	
	ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	R 2b HOUR
(TYPE OR	PRINT	Edith	I	King	BA	KER	Decembe	r 29,	1985	12:45 A
3. SEX		7	4. RACE		5 DATE O		6. AGE IN YEARS LAST		IF UNDER 1 YE	
	Female		Wh	ite	Octo		7 88	YRS	MONTHS	HOURS MIN.
COU	PLACE (STATE OF	FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Maryland OR TOWN OF DE	ATH	US 11 NAME OF		WIDOWE	DR OTHER INSTITUTION	Queen .			D OF BUSINESS OR
			(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	Meridian	(TYPE OF WORK FOR MÓS			RY
	ntrevill		Nursing OTHER INSTITUTION	Center/	ADMISSION	ca Hills	Wife		1	Home
13a STA		136 COUN	nAnne's	Trappe		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS			21673
4. FATH	ER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME			1241
	William		cnest	King		Drucilla	a.			ollier
	DECEASED EVEL		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Daug	shter ADD	RES 116	S. Mai	n Street
(163.	No	(11 163, 610	E THAN ON DATES!	215-12-6	089-	Mrs. Joyce N	. B. Ferri	s, Tra	appe, M	id. 21673
18	CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), and	dici	Λ	4		BETWE	ROXIMATE INTERVAL
	PART I. DEATH		D BY: E CAUSE (o)	Cand	Las	Arres			In	MEDIATE
	ART 2 OTHER SIG		Tue 3	eart.	Fai	NOT RELATED TO THE TER.	WINAT DISEASE OR CO	NUITION	IVEN IN PAR	110
CERTIFICATION 121	DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAUS YES [7]	DINGS USED SES OF DEATH? NO
1 0	O. ACCIDENT WAS UN	_	21b. TIME C	OF INJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUI		JURY IN ITEM I	8 PART I OR PART	2)
No.	(IF EITHER NOTIFY MED	ICAL EXAMINER) P.	Μ.	19					
5	WORK OCCUP	HILE D	21e. PLACE (AT HOME, STI	OF INJURY REET FACTORY OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	saw the deces	sed alive an	12-		1	nd that in (my) (our) apinion	to 12-	date and h	. 19 85	that (I) (we) lost
72	b SIGNATURE	did (did no	t) view the body	ofter death.		DEGREE		-	22c. D.A	ATE SIGNED
	10	with	m			ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	12.	-29 83
	PHYSICIAN'S N	. ,				22e ADDRESS				
	Ralph E.	Libb	y, M.D.			Grasonvi.	lle, Md. 21	638		
23a. BUR	IAL, CREMATION	, REMOVAL	23b. DATE	23€. №	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Buria		Dec.31	.1985 Ch	nester	cfield Cemete	ry Centrey	lle.	Q.A.C	lo. Md.
	RAL DIRECTOR		n Funer	al Home		25a. DA	TE REC'D. BY REGISTRA	R(25b, REG)		
Jame	es H. Bar	rton,	Jr., Ce	ntreville	, Md.	21617 JA	N3 WE	Suli	Davidon	- Balon

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physicion.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0			
		CEASED NAME FIRST FRANCES		IAY	В	AKER	20	DATE OF DEATH	HTHOM	DAY YEAR	26 HOUR	5 A
	3. SEX		1 RACE		S. DATE O			AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 H	HRS AIN.
5	M (RTHPLACE (STATE OR FOREIGN COUNTRY) ARYMAD ITY OR TOWN OF DEATH			WIDOWE	NEVER MARRIED DIVORCED ROTHER INSTITUTION	12	Queen A G USUAL OCCUPAT TYPE OF WORK FOR MOST C	nne C	ounty	F BUSINESS	MD.
03	130. S	ATREVILLE AL RESIDENCE (IF NURSING HOME OF STATE ARTHAN ATHER'S NAME	MERIOLAN OTHER INSTITUTION G NTY	J-CORSICA	HILL DMISSION)	13d INSIDE CITY LIMITS YES NO 1	5? 13	SAUS/EUTR STREET ADDRESS GENERAL	/ ZIP COD	Retai		
20)	JAKE		nmerman		FANNIE	3	ADDRI		HUSBAU		
2		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OF DATES	220-24-		BONNIE JON	NES	Box 361	NEAV	in, ud	652	rz
	V.	Conditions, if ony, which gove rise to immediate couse iol, stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUEN	ICE OF	Fibrillation NOT RELATED TO THE TE	ERMINA	AL DISEASE OR CON	DITION GE	30°	mins	
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH O	PERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTI	ES, WERE FINDIN IFYING CAUSES ES []		
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIWHILE ATWORK 220.1 certify that (1) (this hosp sow the deceased alive or obone, (1) (we) (did) (did	P.M. 21e PLACE Of (AT HOME STREE stol) offended the	FINJURY T. FACTORY, OFFICE, FAR	19 M. ETC) 0 ~ /(5' , on	211 LOCATION 211 LOCATION STREET 19 d that in (my) (aur) april DEGREE ATTENDING PHYSICIAN 22e ADDRESS	nion deo	city or to	ote and how	COUNTY		lost
		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal			WE OF C	I EMETERY OR CREMATOR	RY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	

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TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/84 (VRA 15, 4)

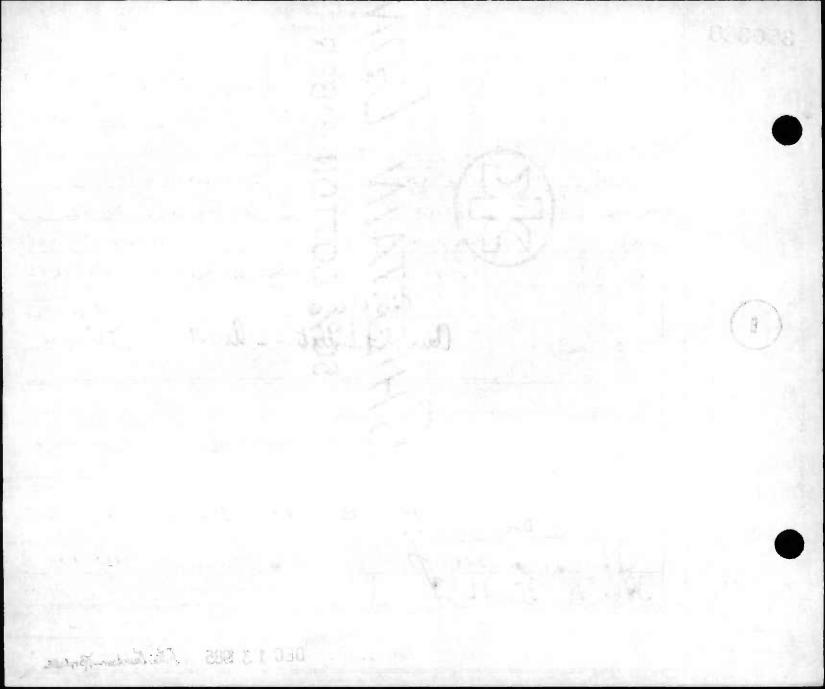
should be detached for use as the bunal-transit per with the Stote Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked at Item 18 shows

Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

DEC 1 3 1985 Julia Sevidon Pando



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4	etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director	ho	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		CEASED NAME FIRST		AIDDLE	L	A5T	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	TYPE	ANNE	ELIZA	A BOI	RDEN-	SMITH		12	13	85	2:45AM
Н	3. SE>	x	4. RACE		5 DATE C		6 AGE (IN YEARS LAS	(BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
	fe	male	caucas	sian	MONTH	31 1894	90	YR		DATS	HOURS MIN,
,		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CIT			ATH	
1	Rh	ode Island	USA		WIDOWE	D NEVER MARRIED XX	Queen A	Anno			MD.
		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP	ATION			F BUSINESS OR
0	C	entreville	Corsica		Nurs	sing Home	Homema		NG LIFE) - IND	USTRY	
d		AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP C	ODE		
۵	Ma	ryland Ta	1bot	Easton	n	YES X NO 🗆	203 S.H	arris	son S	t./	21601
	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDL			LAG	
28	Sa	muel		rden-Sm:	ith	Anne	E.		Sc	hne	ck
	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL		17 INFORMANT		Rt.4	Box	711	
2		NO OR UNKNOWN) (1F YES	GIVE WAR OR DATES)	216-46	-4107	William H. W				vn M	d. 21620
-		18 CAUSE OF DEATH (Enter	anly and sause per	•		WIIIICH II	OULIOL LIL	<u> </u>			MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAL	ISED BY:	Arterio	- 13	ote cardio	marilar	-		E I WEEK	UNSET AND DEATH
		IMMED									
		Conditions, if any, which	,	R AS A CONSEOU	INCE OF	Dis	778			100	20
		gave rise to immediate cause (a), stating the)							1	
		underlying cause last		R AS A CONSEOU	ENCE OF						
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN I	PART lu	
	S O		OVA Screet		27.08	acia					
neg.	AT.	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE		
2	CERTIFICATION	B-75- 5					YES NO		RTIFYING (CAUSES	OF DEATH?
~	E.	21a. ACCIDENT WAS UNDERLYING			AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM	1B PART I OR	PART 2)	
4	AL	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	19	100000					
/	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			10		
	N.	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY O	RIOWN	(0	UNIY	STATE
		22a. I certify that (I) (this ha	spital) attended th	e deceased from	7/10	10 87	[GI at C	113	1085	-	that (I) (we) last
		saw the deceased alive	on	2/10/198	35,01	nd that in (my) (aur) apinian o	death occurred on th	e date and	hour and I		
		above, (1) (we) (did) (did 27b. SIGNATURE	nat) view the bady	after death.		DEGREE					SIGNED
		Ca 16	731111	- Cler		ATTENDING	MEDICAL S	TAFF		12	11-10-
_		22d PHYSICIAN'S NAME (TY		1 cen		PHYSICIAN Z	DIRECTOR PHY	SICIAN		10	11 1109
		C.A. Bau		D		Chestertow	m Md '	21620)		
-	23a B	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-1020			
	(specify)	12-16-			Hill Cemetery	Easton	' Т	albot	TY	Md. STATE
		JNERAL DIRECTOR	114-10-	נקט כט	TIE I		REC'D. BY REGISTR	AR 755. REC	GISTRAR'S	SIGNAL	LIRE
		wnam Fimeral I	Towns	Faston	Md	DEC	2 3 1095	Prolia	Bevids	-A	andell

Easton, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT.

Newnam Funeral Home,

008079 STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER
	Male	White		MONTH	02-99	86	1100	MONTHS DAYS	HOURS
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS OR COUNT	Y OF DEATH	
	Maryland	TI.	SA.	WIDOWE	D NEVER MARRIED DIVORCED D	Queen A	me's	County	
10 C	Centreville	11. NAME OF F		ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST Electrit	ION OF WORKING L	12b. KIND C	OF BUSINE
USU. 13a. S	STATE 136. C	E OR OTHER INSTITUTION		E AOMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 21656		ЭЕ	
14. F/	ATHER'S NAME FIRST George W. Dav	WIDDLE	LAST		15. MOTHER'S MAIDEN NA. FIRST Annie Ho	ME MIDDLE		LAS	51
	WAS DECEASED EVER IN U.S IYES, NO OR UNKNOWN) IF YE	ARMED FORCES? 6. GIVE WAR OR DATES)	212-10-6		17 INFORMANT Ermestine E	Cheste Baker, Rt.			1620
	178 cm 1		R AS A CONSEQUE	ENCE OF	exected !	47		1	
FICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, OR (c) NT CONDITIONS CO	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	ES, WERE FINDII	NGS USED OF DEATH
EDICAL CERTIFICATION	gave rise to immediate cause (a) stating the underlying cause lost	DUE TO, OR TO NOT CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO 198 CONDITIONS CO 198 CONDITIONS CO 216 PLACE CO 217 PLACE CO 217 PLACE CO 218 PLACE CO	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DEFINJURY	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCUR!	20a AUTOPSY? YES NO	20b. IF YE IN CERT Y URY IN ITEM 18	S, WERE FINDING CAUSES	NGS USED
	gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF THE CONTRIBUTION	DUE TO, OR (c) NT CONDITIONS CO 196 CONDITIONS 216. TIME OI HOUR A./ P./ VINER) 216 PLACE (AT HOME STRI DOSPITAL attended the	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE F deceased from deceased from	OPERATIO AY YEAR 19 FARM ETC.)	211 LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YE IN CERT! Y URV IN ITEM 18	S, WERE FINDING CAUSES TES TO PART 1 OR PART 2) COUNTY	NGS USED OF DEATH NO ST.
	gave rise to immediate cause and stating the underlying cause last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO INFETIMER NOTIFY MEDICAL EXAMINE AT WORK AT WORK 22a.1 certify that (1) (this h	DUE TO, OR (c) NT CONDITIONS CO 196 CONDITIONS 216. TIME OI HOUR A./ P./ VINER) 21e PLACE ((AT HOME STRI c) cospital attended the	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE F deceased from deceased from	OPERATIO AY YEAR 19 FARM ETC.)	211 LOCATION STREET 19 DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO	20b. IF YE IN CERTI. Y JRY IN ITEM 18 OWN	S, WERE FINDING CAUSES TES PART 1 OR PART 2) COUNTY 19 22c DATE	NGS USED OF DEATH NO ST.
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DHMH - 16 60M 7/B (VRA 15, 4)

attending physician and co

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the chart entitles to executed enthin 24 hours efficient	TO FUNERAL DIRECTOR: After this certificate has been signed by the officianing povincian and completely littled in Eq. this
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	O HOSPITAL OR ATTENDING PHYSICIAN. The la etained by the haspital or attending physician.	O FL

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should be detached for use as with the State Dept. of Health

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DHMH - 16 60M 7/84

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5) CERTIFICATE OF DEATH	REG. NO	5	2	0	3	1
To page	OF DEATH		5.14	WF . D	Tel	0110

	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND	MENTAL HYG DEATH		3 G. NO.	5 0	3 /
1		CEASED NAME	FIR51		MIDGLE	I.	AST	1	20. DATE OF DEAT		DAY YEAR	2b HOUR
1	TTYPE	OR PRINT)	nomas	Mi	lton	FAU	LKNER		Decemb	er 6,	1985	10:05 A.
	3 SEX	(4 RACE		5. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
d	-	Male		Whi	te	May	0.0	1903	82	YRS	MONTHS DATS	HOURS MIN.
Н	7a BIF	RTHPLACE (STATE OR F.	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE		MARRIED -	9 BALTIMORE CI			
1		Maryland		U	SA	WIDOWE		ONORCED	Que	en Ann	e's	MD.
7	10 CF	TY OR TOWN OF DEA	HT.	11. NAME OF I	HOSPITAL, NURSIN	ADDRESS)			12a USUAL OCCU		126. KIND C	State Of
		entreville		Nursine	Center/	Corsi	Merid ca Hil	ls	Officer(Mary	
	USUA 3a. S	AL RESIDENCE (IF NURSI	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	0-0	nd Ave.,
d		laryland	Quee	nAnne's	Queenst	own	YES 🛣	ио 🗌	R.D. 2,		/	58
P	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER	Y'S MAIDEN NAM	ME	DLE	LAS	51
1		William	E	dward	Faulkn			Bessie		uise		egys
П		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORM	DOIL			D. 2, Bo	
1		No			220-09-	1052	Thoma	s M. Fau	ılkner, J	r., Que		, Md.21658
1		18 CAUSE OF DEATH	H (Enter or	nly ane cause per	ling far (a), (b), an	digit	13				BETWEEN	IMATE INTERVAL ONSET AND DEATH
1				TE CAUSE (a)	1000	160	The last				15	ere.
1	10	100		DUE TO, O	R AS A CONSEQU	ENCE OF						1
		Canditions, if any,		(b)			1					
		gave rise to imm cause (a), stating	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
		underlying cause	last	(c)								
	Z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN PART 10	o .
4	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF	YES, WERE FINDIN	NGS USED
	TIFE								YES NO		YES	NO [
		210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH D.	AY YEAR	21c. HOW I	NJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM T	B PART I OR PART 2)	
И	CAL	(IF EITHER NOTIFY MEDIC		516		19						
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	ARM ETC)	21f LOCAT		CITY	ORTOWN	COUNTY	STATE
1	2	AT WORK AT WOR	HE .									
		220.1 certify that (1)			e deceased fram_				, ta			that (I) (we) last
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		234 PHYSICIAN'S NA	WE JAME	in sainti /			22e ADDRE	ss)				
		Ralph E.	Lib	by, M.D.			Gr	asonvill	Le, Md. 2	1638		
		URIAL, CREMATION, I	REMOVAL	23b. DATE	230	VAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	-	county	3/410
		Burial		Dec.10	,1985 01	d Wye	Churc	h Cemete	ery. Wye	Mills.	Talbot.	Md.
	24 FU	INERAL DIRECTOR	Barto	on Funer	al Home			25a. DATE	E REC'D. BY WEGIST	RAN 750 REGI	STRAR'S SIGNAT	URE
	Ja	mes H. Bar	ton,	Jr., Ce	ntrevill	e, Md.	2161	DEC	1 3 1995	Sedie	Daviden)	Donless
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ALTIMORE, MD	AFTER DEATH. HVE PAGES 1, 2	AGES 1 MADE	10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEAN IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD SHOULD SHOULD IN THE MEST OF SHOULD THE CHARLE AND DIRECTOR. OF A 4 GLOUIN DIE FORMANDED AT 7 THE CHIEF MEDICAL EXAMINED AT THE MEDICAL EXPONANCE OF THE MEST OF THE CHIEF MEDICAL EXAMINED AT THE MEDICAL EXPONENT OF THE MEST OF TH	TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES IND SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES IND SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES IND SHOULD BE USED AS A BURIAL TRANSIT PAGES IN WITH THE STATE DEPARMENT OF HEATH AND MENTAL HYCHER DIVISION OF THE PAGE TO SHOULD BE USED AS A BURIAL TRANSIT PAGE TO SHOULD BE USED A BURIAL TRANSIT PAGE TO SHOULD BE USED A BURIAL T	R REMOVAL
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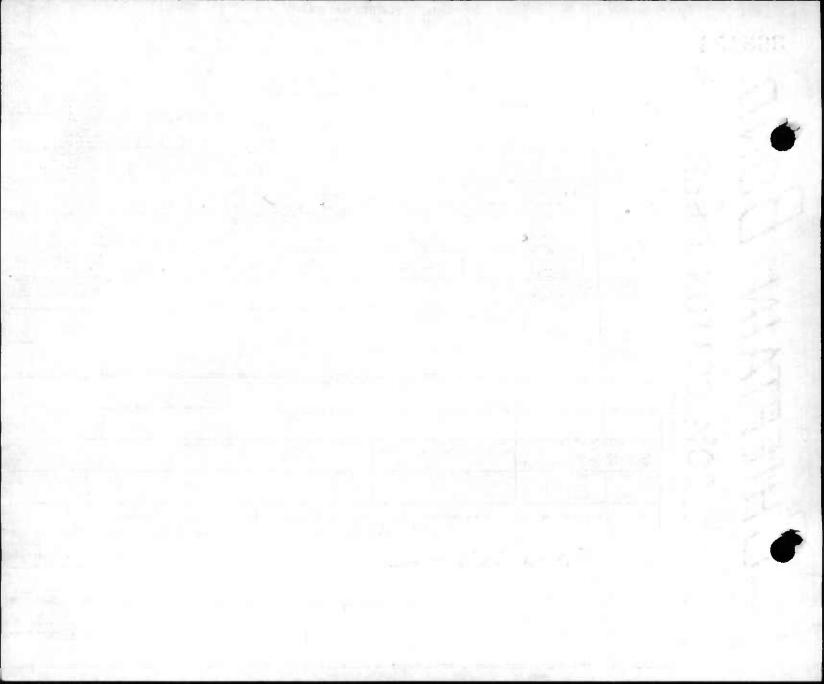
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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In City Or Town of Death	H	7a. BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	76 CITIZEN OF WI	HAT COUNTRY?	8. MARR	IEDA NEVER MARRI	ED 7 BA	LTIMORE CITY	ORCOUN	TY OF DE	HTA	
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13. STATE 13. COUNTY 13. CITY OR TOWN 13. RINGE (IT LAIR)	L			101 N.	Lake Dr.			Retire	ed -Gen	star D	ispa	tche	r
Thomas Edward Fitch Emma McLean Inst. MAS DECEASED EVER IN U.S. ARKBEF CREES? Inst. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH (MAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease Afteriosclerotic cardiovascular disease Immediate cause (a) stating the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Operation Immediate cause (a) stating the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Immediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying couse lost. (c) Operation Impediate cause (a) stating the underlying cause (g	13a. STATE	136 COUP	1TY	13c. CITY OR TOWN			13e. STREET A	DDRESS I. Lake	Drive	216	66	
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AT WORK AT WORK 220 Certify that I taak charge of the remains described above, held an Autopsy , Inspection	5	19a. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AL	JTOPSY?	
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AT WORK AT WORK 220 Certify that I taak charge of the remains described above, held an Autopsy , Inspection	5	21a. EXTER					OW INJURY OCCURRED	D (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PA	ART 2)		
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death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) M.D.ASSISTANT MEDICAL EXAMINER SIGNED 12-25-85 EXAMINER'S NAME And M. DIXON, M.D. ADDRESS 111 Penn St., Balto., MD 21201 236. BURIAL, CREMATION, REMOVAL 236. DATE 12/28/85 Oak Lawn Cemetery Oak Lawn Cemetery Burial 12/28/85 Oak Lawn Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR				SIREEI, PAC	IONY, FARM, ETC.)		SIMEET	CITY	OR TOWN	co	UNTY		STATE
death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) M.D.ASSISTANT MEDICAL EXAMINER SIGNED 12-25-85 EXAMINER'S NAME And M. DIXON, M.D. ADDRESS 111 Penn St., Balto., MD 21201 236. BURIAL, CREMATION, REMOVAL 236. DATE 12/28/85 Oak Lawn Cemetery Oak Lawn Cemetery Burial 12/28/85 Oak Lawn Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR		22- 1	alf about to all about	- (Al	-26-4-6			X .					
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Ann M. Dixon, M.D. EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 236 BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 12/28/85 236, NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 23d, LOCATION CITY OR TOWN Baltimore Maryland 23d FUNERAL DIRECTOR 23d DATE RECOLAR PRECISIRAR 25b REGISTRAR'S SIGNATURE 23d DATE RECOLAR PRECISIRAR'S SIGNATURE 23d DATE RECOLAR PRECISIRAR'S SIGNATURE 23d DATE RECOLAR PRECISIRAR 25b REGISTRAR'S SIGNATURE 23d DATE RECOLAR PRECISIRAR 25b REGISTRAR 2		death resi	Inted from: Natu	rol couses LZN,	Accident L.J. 5	Utcide L		Undetermin	ad manner	١,			
EXAMINER'S NAME Ann M. DIXON, M.D. ADDRESS 111 Penn St., Balto., MD 21201 236. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12/28/85 236. NAME OF CEMETERY OR CREMATORY OAK Lawn Cemetery Dak Lawn Cemetery 1236. LOCATION Baltimore Maryland 24. FUNERAL DIRECTOR 1259. DATE, RECOLERY PEGISTRAR 1256. REGISTRAR'S SIGNATURE			· on	A TOTAL	~		,				12	-25-	25
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Baltimore Maryland 24. FUNERAL DIRECTOR 259. DATE RECOLBY PEGISTRAR 256. REGISTRAR'S SIGNATURE 250.	5	SIGNATUR	1	01		N	DASSISCAIIC	MEDICAL	EXAMINER	SIGNI	ED_12	-25	0.5
236. BURIAL, CREMATION, REMOVAL 23b. DATE STATE OAK Lawn Cemetery OR CREMATORY OAK Lawn Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR 256. DATE RECOLAR PROGRESSION REGISTRAR'S SIGNATURE COUNTY BALTIMORE MARYLAND COUNTY BALTIMORE MARY BALTIMORE MARYL		EXAMINER (TYPE OR P	SNAME Ann	M. Dixon,	M.D.		ADDRESS 111 Pe	enn St.	., Balto	o., MD	21	201	
24 FUNERAL DIRECTOR 259, DATE, REC'D, BY REGISTRAR'S SYGNINGER	-	230 BURIAL CREM		236. DATE	23c. NAME OF CE	METERY C		23d. LOCATI	ON				
24 FUNERAL DIRECTOR 259 DATE REC D. BY PEGISTRAR 256 REGISTRAR'S SIGNATURE		(SPECIFY) Bu	rial	12/28/85	Oak Lav	m Cer	netery	CITY OR TOV	™ Bal	timore	Mar	ylan	ď
			ECTOR				25a DATER	REC'D BY PEG	STRAR 256 RE	GISTRAR'S	HENWIN	RS-V	
Connelly Funeral Home 300 Mace Ave. 21221			v Funeral			2122	1 DEC	4 / 190	0				



within 24 hours ofter death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificote be deoth o requires that the TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospitol or ottending physicion.

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STATE OF MARYLAND FOR STATE 008140

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

5 0

	REGISTRAR			REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Larrie	S.	Jones	December 2	7,1985 8:06 m
3. SE	X - 4	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
Ma	le	Black	Mar. 3.1906	79 YR	
70 B		CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	NTY OF DEATH
100	arvland	USA	WIDOWED DIVORCED	Queen Anne	County MD.
		. NAME OF HOSPITAL, NURS!	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
C	entreville	Meridian Nu	arsing Center	Teacher	O CARLY THE DOSTRI
Ma	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY Q. A.	HER INSTITUTION GIVE RESIDENCE BEFOR 13c. CITY OR TOV Centrey	VILLE YES TO NO [308 N. Comme	crce Street
	ATHER'S NAME FIRST MID	DDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST
_	Robert William	Jones	Louise		way
160.	WAS DECEASED EVER IN U.S. ARME (155 NO OR UNKNOWN) (15 YES GIVE W			ADDRESS 30	8 Commerce St
	110	- 212-20	2-301 Mr. Shelto	n J.Jones Cén	
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		ndicio O O O N X		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE C		USEVA	4	5 40 +
	TO BUT AND THE REAL PROPERTY.	DUE TO, OR AS A CONSEOL	JENCE OF 1	111.00+	5km
	Conditions, if any, which	(b)	Dishlb	1 villius	1
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF		
		(6)			
Z	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
IFIC	30000		*	YES NOT	RTIFYING CAUSES OF DEATH?
ER -	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	DAY YEAR		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
N N	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspital)) ottended the deceased from	Strot 9 198	5 to 12 27	19.85 that (I) (we) lost
100	sow the deceased alive on	12-26 19	- T	on death occurred on the date and	hour and from the causes stated
	THE SIGNATURE	lew the body after death.	DEGREE		22gDATE SIGNED
	bolin DC L	Lucy of	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2/86
	224 I CIAN'S NAME (TYPE OR PR	rinit)	22e ADDRESS		1/ /00
	John R. Smit	h Jr. M.D.	Centrevil	lle, Maryland	21617
	BURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
E	Burial	12/31/1985	Chesterfield	Centreville	
24 F	UNERAL DIRECTOR	ADDRESS	25a C	DATE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
	Dystony C		ertown, Md.	JAN O BOU J	The same of selection and land the selection and

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner flust be notified.

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(ann . saich Jr. r.B. Contravilla, Langland 21647

Laried 12/51/19an Chemierfield Teminoville . . . Vd.

and the state of the state of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compared. The times of director, page 3 should be detached for use as the burial permit. Then places remove carbon papers. Pages many highly need to use of the burial permit and purial resonance. The signed burial permit and purial resonance.	IMPORTANT: If Irem 21 is marked at Irem 18 shaws any injury, at ather traumatic event, the medical ment of many transfer.
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DHMH - 16 60M 7/B4

(VRA 15, 4)

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND		ma 150	2.348		
PARTMENT OF HEALTH AND MENTAL HYGIENE	5	3	5	0	1
CERTIFICATE OF DEATH	DEC. N	0			

	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
		S. Lambden			December 14,	1985 M	
3. SE	X 4.	RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	Female	White	Augu		71 YF	MONTHS DATS HOURS MIN.	
Pd B	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	Maryland	U.S.A.	WIDOWI		Queen Anne C	ounty MD.	
10.0	Centreville	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Corsica Hill	E STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b, KIND OF BUSINESS OR INDUSTRY	
130	AL RESIDENCE (# NURSING HOME OR O STATE 136 COUNT Maryland A.A	Y 13c. CITY OF		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C		
-	ATHER'S NAME	DDLF LAS		15. MOTHER'S MAIDEN NA			
0	Louis Anton Hir		51	Katheri	ne Marie Behli	ng (AST	
	WAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT 21	146 ADDRESS Se	verna Park, MD	
	(YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 215-5	66-8139	Rosalynn H.	Harrison, 629		
	18 CAUSE OF DEATH (Enter only		(b), and (c)	0.00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED IMMEDIATE			USCU	N	5 400 -	
		DUE TO, OR AS A CON	SEQUENCE OF	(0)	07)	5 ms +	
	Conditions, if any, which	(b)		0.0.7			
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			0	
1	underlying cause lost	(c)					
-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
Ę							
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATIO	DN WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VEX.} \) NO \(\text{VEX.} \)	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2}	
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE	
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)	ZIKEEI	CITORIOWIA	Count	
	220.1 certify that (1) (this hospita	attended the deceased	from Dec	1-14 , 19 85	. to DEU 14	, 19 5 , that (I) (we) last	
	saw the deceased alive on above, (I) (we) (did) (did nat)	view the bady after death.	1987,0	nd that in (my) (aur) apınıan (death accurred on the date and	haur and from the causes stated	
1	226. SIGNATURE	///		DEGREE		22c. DATE SIGNED	
	plu 11	Smith	· 17 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/19/85	
1	224. PHYSICIAN'S NAME (TYPE ORE	PRINT)	11'	22e ADDRESS			
	Dr. John R. S	3mi th	/	110 Broadwa	y, Centreville	,MD 21617	
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	
	Cremation	12-17-85	Securi	ty Process, In			
	FUNERAL DIRECTOR	ADI	DRESS	250. DAT	E REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE	
To	om Helfenbein Fun	eral Home, C	Chester,	MD 21619 DEC	23 1985 June	Manning All de ge	

grants may not a first transfer

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event, the medical

IMPORTANT. If Hem 21 is marked at Item 18 shows any injury, or other troumotic

TO FUNERAL DIRECTOR: After this certificate has been signed by t should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cre

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. N	10.				
TE	OF DEATH	MONTH	DAY	VEAR	26	i

5

Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	O.			
	CEASED NAME FIRST	WIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	Ρ.
(14)	RUTH	Н.	LARRIM	IORE	December	24, 1	985	9	м
3. SI	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	#F UNDER 24 H	HRS.
1	female	white	July	I.4, 1903	82	YRS.			VIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH R	FD	
М	aryland Trok town of DEATH	USA	WIDOWE	D DIVORCED	Queen Ar				MD.
- 4	Nestertown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GMI RFD At HO	E STREET ADDRESS)	en Anne Co.	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Homema)	F WORKING LIFE)	126 KIND OI INDUSTRY	F BUSINESS	OR
USU	TAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)				2162	0	
	Id. Oueen	. 1.	ertown	134 INSIDE CITY LIMITS?	RFD Que		ne Co		
	ATHER'S NAME	WIDDLE LA		15 MOTHER'S MAIDEN NAM			LAST		
	John D. Sing				zabeth Nu	rphy	(43)		
	WAS DECEASED EVER IN U.S. AF	JE WAR OR DATEST	L SECURITY NO	17 INFORMANT	ADDRE	⁵ ŘFĎ	Q. A	A. Co	•
	no	216 48	3 7303	James C. I	arrimore	Ches	terto		Md.
Г	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a),	(b) Ad (c)	1.1			BETWEEN	MATE INTERVAL INSET AND DEA	TH
		TE CAUSE (o)	4.90	24					
		DUE TO, OR AS A CON	ISEQUENCE OF	CHE					
	Canditians, if any, which	(b)		www.					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF	COPD					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110		_
ě						Television			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN NG CAUSES		
E -	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURR				140	
	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE	
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	STREET	CITORIO	WN	COONIT	STATE	t .
	22a I certify that (I) (this hasp	ital) attended the deceased	from	., 19	, to	, 19	·, t	hot (It (we)	last
	sow the deceased alive or abave, (I) (we) (did) (did no	nt) view the body ofter death.	_19 or	d that in (my) (aur) apinion o	leath occurred an the de	ate and haur a	ind Iram the o	auses stated	d
	27 STENATURE	2		DEGREE			22c. DATE S		
	1 000	100	- Ce		MEDICAL STAI DIRECTOR PHYSIC	IAN []	12/2	26/85	
	IMPHYSICIAN'S NAME (1991)			71-ADDRESS					_
	Patrick A				town, Md.	21620	00		
23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	at oraș	COUNT	STATE	E
1	Bürial	12/28/85	uneste	er Cemetery	Cheste	LOWN,	rid.		

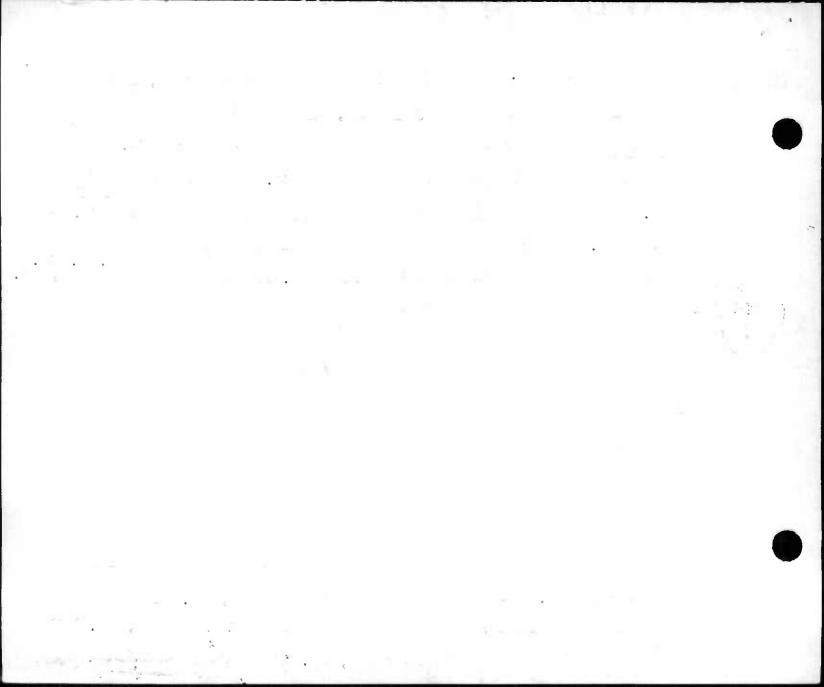
DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

Chestertown, Md.

25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

OLU 27,935. Full which is



361096 on and campletely filled in by the funeral director, page 3 rs. Pages 1 and 2 shauld be filed within 72 haurs after death moy be be executed within 24 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the this should be detached far use as the burial-transit permit. Then please removing the State Dept. of Health and Mental Hygiene prior to burial, crematal IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar ather traur TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.

FOR STATE D

		STATE	OF M	ARY	AND	
EP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIFI	CATE	OF	DEATH	

3 5 Ö

DECEASED NAME FIRST			REG. NO).
THE UNITED IN	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
Gertrud	de A.	Thomas	Decembe	r 21.1985 8:10
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
'emale	Black	Nov. 21. 1914	71	YRS. MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU		9 BALTIMORE CITY O	R COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	Queer	n Anne M
CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION		ON 126. KIND OF BUSINESS O
Centreville	Meridian	Nursing Center	Labor	F WORKING LIFE) INDUSTRY
UAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)	co. Lin expect appropria	711-70
Maryland Kei		tertown YES NO []		ect Street
FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
John	Thoma	s Julia	WIDDLE	Jones
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRE	SR.F.D.#1 Box 78
NO (IF YES G	IVE WAR OR DATES)	12-3825 Mr. James	E. Saunders	Worton, Marylan
			J. Dadiideli	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	10,000	1	BETWEEN ONSET AND DEATH
cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF		
underlying cause last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED	TERMINAL DISEASE OR CONC	DITION GIVEN IN PART TIO 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR	NG TO DEATH BUT NOT RELATED TO THE		20b IF YES, WERE FINDINGS USED
underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY	NG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED 21c HOW INJURY OC	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	NG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED 21c HOW INJURY OC	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFELTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216 HOW INJURY OC	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M.	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216 HOW INJURY OC	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
UNDERLYING CAUSE TOST. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY.	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 OFFICE, FARM, ETC.) 21c. HOW INJURY OC. STREET	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE ALL WORK ALL WORK ALL WORK ALL WORK 22a. L certify that (1) (this hasp saw the decased alive a	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, out all) attended the deceased	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216 HOW INJURY OC THOM STREET 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE ALL WORK ALL WORK ALL WORK ALL WORK 22a. L certify that (1) (this hasp saw the decased alive a	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY.	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216 HOW INJURY OC THOM STREET 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTIFIED IN THE PART 1 OR PART 2) WE COUNTY STATE 19 1, that (1) (we) la
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we] (dial) jdd. n	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, out all) attended the deceased	TH DAY YEAR 19 OFFICE, FARM, ETC.) DEGREE NOT RELATED TO THE 21c. HOW INJURY OC 21f. LOCATION STREET DEGREE ATTENDIN	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR CITY OR TO: 10 Autopsy: CITY OR TO: Injury and the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18 PART 1 OR PART 2) WY COUNTY STATE The and hour and from the causes stated 22c. DATE SIGNED
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we] (dial) jdd. n	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, out all view the body after death	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216. HOW INJURY OC THOMAS PERFORMED THOMAS PERFORMED	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR CITY OR TOV inian death occurred an the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18 PART 1 OR PART 2) WY COUNTY STATE The and hour and from the causes stated 22c. DATE SIGNED
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE [(IF EITHER NOTIFY MEDICAL EXAMINE] 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE 22a, I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 27b, SIGNATURE)	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON' P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, 11 view the body after death	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216. HOW INJURY OC The day of the control of th	200 AUTOPSY? YES	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM IB PART 1 OR PART 2)
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE ALWORK 22a. Leertify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATUR 22d. PHYSICIAN'S NAME [TYPE]	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, out all view the bady after death	WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 216. HOW INJURY OC From 19 216. LOCATION STREET 19 DEGREE ATTENDIN PHYSICIA 22e ADDRESS Chester	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR CITY OR TOV Injury OR TOV AND MEDICAL STAF IN DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM IB PART 1 OR PART 2) VINITEM IB PART 1 OR PART 2)
Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE EITHER. NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WALL NOR NOT WHILE AT WORK 22a. I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 22b. SIGNATUR.) 22d. PHYSICIAN'S NAME (TYPE	CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, out all view the bady after death	TH DAY YEAR 19 216. HOW INJURY OC THOUGH THE THE THE THE THE THE THE THE THE TH	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJUR CITY OR TOV Injury OR TOV AND MEDICAL STAF IN DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM IB PART LORPART 2) NO COUNTY STATE 19 1, that (1) (we) loste and haur and from the causes stated 22c. DATE SIGNED 12/12/3/84 23nd 21620

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

Chestertown, Md.

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Gentreville Lent Undetertoon i 150 respect Street

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	FOR STATE REGISTRAR	CERTII	HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO	
E (I)	ECEASED NAME FIRST PE OR PRINT)		LAST		MONTH DAY YEAR 26 HOUR
2	Dai	L. Turne			2º1 A
3. S		HONE	OF BIRTH 19 ^{AY} 09 ^{EAR}	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS M
04	Male	nite	- 19- 09	80	YRS
47	BIRTHPLACE (STATE OR FOREIGN	United States MARRIE	ED 🗷 NEVER MARRIED 🗆		R COUNTY OF DEATH
1	England CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		Queens /	Anne County
2001	entreville		ca Hills)	TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
0 1		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		Steamfitte	er, Gen. Contru
13a	STATE 136 COU		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	
	aryland Anne	Arundel Glen Burnie	YES NO X	882 Nobs (Creek Rd./ 21122
20	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
160	WILLIAM WAS DECEASED EVER IN U.S. AI	H. TURNER RMED FORCES? 166 SOCIAL SECURITY NO.	ELIZABETE	ADDRE:	? unknown.
4		VE WAR OR DATES 212-09-6391			Geneva Rd. (21122)
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN PART 110
	PART 2 OTHER SIGNIFICANT		The state of the s		
NO	PART 2 OTHER SIGNIFICANT				
TIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR WHICH OPERATIC	ON WAS PERFORMED	200 AUTOPSY? YES □ NO	206. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH? YES NO NO
AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES NO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	YES NO	YES NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	YES NO	YES NO PART 1 OR PART 2)
C. 1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING ALEXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 Sertify that (1) (this hasp saw the decreased alive or	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21b. TIME OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.)	216. HOW INJURY OCCURRI	YES NO DEED (ENTER NATURE OF INJURY	YES NO PART 1 OR PART 2)
200	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OR CONTRIBUTING ALEXAMINE 21d. INJURY OCCURRED WHILE ATWORK ATWORK 220.1 Sertify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.) 12 - 12 - 14 deceased from 19 12 - 17 deceased from 19 13 - 19 14 deceased from 19 15 deceased from 19	216. HOW INJURY OCCURRI	YES NO PED (ENTER NATURE OF INJURY CITY OR TOW MEDICAL STAFF	VN COUNTY STATE VN COUNTY STATE VN COUNTY STATE 226. DATE SIGNED F 19 20 1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Dec. 19.85 Burial
24 FUNERAL DIRECTOR 3204 Mountain Pasadena, Md.

235 DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.

Cem Glen Burnie, Anne Arundel
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE dia Davidson Rendelle

23d LOCATION

entered and an account of the second of the

Light for the second control of the control of the

_	FOR
1	STATE
	DECICTOA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	3	5
REG. NO.		

570473	L	STATE REGISTRAR				CERTIFI	CATE OF DEAT		REG. N		3 0	
poge 3	H. DECEASED NAME FIRST (TYPE OR PRINT) Cora			Wilson				December 15, 1985 2:10 A				
ctor. po	3. SE		- 1	RACE		5 DATE O		5AR 0 6	AGE (IN YEARS LAST BI		MONTHS DATE	
rial dire	₹0. BI	RTHPLACE (STATE OR F	DREIGN 7		WHAT COUNTRY	SE MARRIED	☐ NEVER MARRI	ED 🗆 9	BALTIMORE CITY		Y OF DEATH	
	10. C1	ryland TY OR TOWN OF DEA		(IF NOT IN SU	ICH FACILITY, GIVE STREE	T ADDRESS]	R OTHER INSTITUTION	-		ION OF WORKING LI		OF BUSINESS OR
(11)	USU. 13a S	entrevill ALRESIDENCE (IF NURS) STATE	13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	Center 13d. INSIDE CITY LIA	MITS?		/ ZIP COD	E 17)	1110
	Section 1	TYLAND	Ken	t	lASI -	Pond	YES NO	DENNAME	R. F. D. #			661
d comp		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	E C URITY NO.	17 INFORMANT	RK	1	ESSR.F	U N	K.
e be es		18 CAUSE OF DEATH		WAR OR DATES)	42	>	Mrs. Add	die	Jones Wo	rton	, Mar	yland ximate interval
certificati ing physic rbanpape ir removal	3	PART I. DEATH W	AS CAUSED IMMEDIATE	BY. CAUSE (o)	Ar	Terioso	liotic (adi	orscule		BCIAAE	ONSET AND DEATH
not the death ce by the attending 3se remove carb 1, cremation, ar other traumatic		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote	(b)_	dr as a consequ Dr as a consequ			Di	3165)		ye	ars
equires the signed I Then plear to burial injury, or	NO	PARTZ OTHER SIGN		leno a		1 -	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR COM	NDITION GIV	VEN IN PART I	10
The low recion. te has been sat permit giene prior	CERTIFICATION	190 DATE OF OPERAT				H OPERATION	WAS PERFORMED)	YES NO	IN CERTI	S, WERE FIND FYING CAUSE S []	INGS USED S OF DEATH?
PHYSICIAN: T inding physici his certificate e burial-transi d Mental Hyg f or Item 18 sh	1	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	n	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY (OCCURRE	O (ENTER NATURE OF INJ	URY IN ITEM 18 1	PART I OR PART 2)	
ATENDING PHYSICIAN: spirol or attending physis CTOR: After this certifical of for use as the burial-tran s, of Health and Mental Hy n 21 is marked or Item 18:	MEDICAL	21d. INJURY OCCURR	ie 🗍		OF INJURY TREET, FACTORY, OFFICE	EARM, ETC }	21f LOCATION STREET		CHTY OR TO	OWN	COUNTY	STATE
R AFFENDIN hospitol or RECTOR: Af hed for use o ept. of Healtl		22a I certify that (1) sow the decease above, (1) (we) (d	d olive on_	12/10	9 195	oni	that in (my) (our) o	opinion de	to / Z	lote and hou	19	, that (1) (we) last e couses stated
ORE che		226. SIGNATURE	B	sceen	Celle			DING CIAN E	MEDICAL STA	AFF CIAN []		=/17/85
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		Gottfri			mann M.	D.	Cheste:	rtow	n, Maryl	and	21620	
BP		URIAL, CREMATION, I SPECIFY) LTIAL	REMOVAL	12/19			n CE p		23d LOCATION CULTURE TOWN	Pond	Kent,	MaryTan
DHMH - 16 60M 7/84 (VRA 15, 4)	24, 41	INERAL DIRECTOR	w.	M,	Cheste	rtown		DEC DEC	1 9 1985		RAR'S SIGNA	

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